

2008 FOR PROFIT CORPORATION ANNUAL REPORT


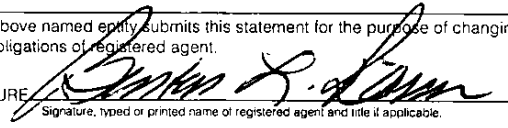
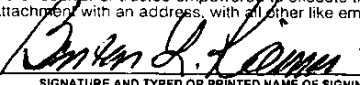
FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90033 047 ***150.00

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03092008 Chg-P CR2E034 (12/06)

DOCUMENT # P02000087865			
1. Entity Name THE LAW OFFICES OF BURTON L. RAIMI, P.A.			
Principal Place of Business 4452 STAGNORN LA SARASOTA, FL 34238		Mailing Address PO BOX 51357 SARASOTA, FL 34232	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 8499 S. TAMiami TRAIL Suite, Apt. #, etc. #206	
Suite, Apt. #, etc.		City & State SARASOTA, FL 34238	
City & State		Zip 34238	
Country		Country U.S.A	
4. FEI Number 13-4234684		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOLISCH SUSAN 1308 CATTLEMAN RD. SARASOTA, FL 34232		7. Name and Address of New Registered Agent Name BURTON L. RAIMI Street Address (P.O. Box Number is Not Acceptable) 4452 STAGNORN LA. SARASOTA, FL 34238 City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAIMI, BURTON L 8499 S. TAMiami TRAIL, #266 SARASOTA, FL 34238 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR BURTON L. RAIMI		3/25/08 941-927-1603 Date Daytime Phone #	